

Utah Department of Health, Child Care Licensing  
**Department of Workforce Services (DWS) Child Care Approval Application**

**APPLICANT (THE PERSON WHO WILL BE PROVIDING THE CHILD CARE) INFORMATION**

Legal Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_ City and Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City and Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ E-mail address (any e-mail account you can access): \_\_\_\_\_

Primary Language, if other than English: \_\_\_\_\_

Interpreter's Name & Phone #: \_\_\_\_\_

☐ I am eligible to work in the United States.

☐ I am a United State citizen or ☐ My Alien or Admission Number is \_\_\_\_\_

**DWS CUSTOMER (PARENT) INFORMATION**

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Total Number of Children for Care \_\_\_\_\_

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_ Total Number of Children for Care \_\_\_\_\_

Your relationship to the child(ren) in care (check one):

☐ grandparent (includes great-grandparents and step-grandparents)

☐ aunt or uncle (includes great-aunts/uncles and step-aunts/uncles)

☐ friend/neighbor

☐ cousin (includes step-cousins)

☐ sibling over age 18 (includes step-siblings)

☐ other: \_\_\_\_\_

**WHERE CHILD CARE WILL BE PROVIDED** (check one):

☐ My home

☐ Child(ren)'s home

Street Address: \_\_\_\_\_ City and Zip Code: \_\_\_\_\_

**You cannot live in the same home as the child(ren) for care or in the same home as the parents of the children for care unless the child(ren) for care have special needs.**

☐ Check here if you live in the same home as the child(ren) in care because a child in care has special needs.

**DWS Customer Name \_\_\_\_\_ Case Number \_\_\_\_\_**

**You cannot be a sibling of the child(ren) for care who lives in the same home as the child(ren) for care.**

**WHEN CHILD CARE WILL BE PROVIDED** (check days and specify hours):

<input type="checkbox"/> Mondays _____ (start time) _____ (end time)		_____ (start time) _____ (end time)	___ varies
<input type="checkbox"/> Tuesdays _____ (start time) _____ (end time)		_____ (start time) _____ (end time)	___ varies
<input type="checkbox"/> Wednesdays _____ (start time) _____ (end time)		_____ (start time) _____ (end time)	___ varies
<input type="checkbox"/> Thursdays _____ (start time) _____ (end time)		_____ (start time) _____ (end time)	___ varies
<input type="checkbox"/> Fridays _____ (start time) _____ (end time)		_____ (start time) _____ (end time)	___ varies
<input type="checkbox"/> Saturdays _____ (start time) _____ (end time)		_____ (start time) _____ (end time)	___ varies
<input type="checkbox"/> Sundays _____ (start time) _____ (end time)		_____ (start time) _____ (end time)	___ varies

## **ADDITIONAL REQUIREMENTS**

In addition to submitting this completed application you must also:

- Submit a completed **Department of Workforce Services (DWS) Child Care Approval Initial Background Screening Authorization and Release Form** no later than 60 days after submitting this application.
- Submit your completed **New Provider Orientation test** no later than 60 days after submitting this application.
- Have an **on-site inspection** of the home where care will be provided no later than 60 days after submitting this application. You must be in compliance with all health and safety regulations at this inspection and/or a follow-up inspection. (A Licensing Specialist will contact you for this.)
  - Have a current Red Cross, American Heart, or equivalent **First Aid certification.** (A Licensing Specialist will check this during your on-site inspection.)
  - Have a current Red Cross, American Heart, or equivalent **Infant and Child CPR certification** from a course that included hands-on testing. (A Licensing Specialist will check this during your on-site inspection.)

## **CERTIFICATION OF UNDERSTANDING**

**You must check the box to certify your understanding and agreement of the conditions below.**

☐ *I hereby certify that I understand the following: This document serves as the formal request to be approved as a DWS Child Care Provider. I read, or had read to me, the statement contained on the Department of Workforce Services (DWS) Approved Child Care Provider Requirements form, and I understand those statements. I certify the information on this application is true and correct to the best of my knowledge. A misrepresentation or omission of facts or not reporting household members may result in the denial of my application and disqualification. Being an approved DWS Child Care Provider is not a guarantee of payment from DWS. If it is determined that I am not an eligible child care provider and received payments I was not entitled to, I may be subject to repayment to DWS. I also understand that I can be criminally and civilly prosecuted for giving false information on this application. I further understand that, once approved as a child care provider, authorized Department of Health staff with proper identification may, for the purpose of determining compliance with child care policy, enter and inspect any part of the home, property, and premises where child care is being provided at any time children are in care; review child care documents; and interview children and/or adults as necessary.*

**Submit the application and required documentation to:**

**Utah Department of Health, Child Care Licensing - DWS Child Care Approvals**

**Mailing Address:**

**PO Box 142000**

**Salt Lake City, UT 84114-2000**

**Fax Number:**

**801-237-0749**

**E-mail Address**

**micheleevans@utah.gov**